



# Updating the Community Involvement Plan (CIP)

In an effort to better reach out to the community we would like to hear from you.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mailing address: (if different from above)  
\_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email address: \_\_\_\_\_

Site Name: West Van Buren

How long have you lived or worked in the WQARF site area? \_\_\_\_\_

Are you interested in learning more or becoming involved with the site cleanup?  Yes  No (please check box)

Do you have issues or concerns regarding the site cleanup?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to be on the site mailing list?  Yes  No (please check box)

May we contact you by phone to ask you additional questions?  Yes  No (please check box)

If yes, please give us your telephone number and tell us the best time to call you: \_\_\_\_\_

Phone numbers: (home:) \_\_\_\_\_ (work:) \_\_\_\_\_

(cell:) \_\_\_\_\_

Would you like to receive future mailings in English  or in Spanish?  (please check box)

¿Preferiría recibir envíos por correo en inglés  o en español?  (marque su preferencia)

After completion please fold and tape this form before mailing (no staples). Thank you.

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